



**Participant Name:** \_\_\_\_\_

**Transmitter Frequency:** \_\_\_\_\_

## **Project Lifesaver of Smith County Letter of Agreement**

*The agreement outlined below describes the basic responsibilities of the Caregiver and Project Lifesaver Smith County*

1. Project Lifesaver Smith County will furnish the following equipment to the client/ caregiver:
  - a. Project Life Saver Transmitter with assigned frequency number (#)
  - b. Battery
  - c. Transmitter armband
  - d. Transmitter Tester
  - e. Instruction Sheet
  - f. Daily Check Sheet
2. Project Lifesaver Smith County will provide monthly maintenance for the Transmitter Tester and battery and armband replacements for the Transmitter; the caregiver will provide signed Daily Check Sheets at the time of battery replacements each month.
3. It shall remain the responsibility of the caregiver to notify Project Lifesaver Smith County if the Transmitter fails to operate properly, is damaged, or is found to be missing.
4. Any equipment purchased by the *Alzheimer's Alliance of Smith County* remains the property of Project Lifesaver Smith County, and it is expected that the caregiver will return any supplies and equipment provided as a scholarship to the *Alzheimer's Alliance of Smith County* when it is no longer needed.
5. Any equipment purchased by a caregiver for participation in the Project Life Saver program belongs to the caregiver, however it is requested that any supplies and equipment be donated back to the Project Life Saver Smith County program so that others who cannot afford the costs will be able to benefit from Project Life Saver.
6. If the equipment is damaged or lost, Project Lifesaver Smith County will attempt to replace/ repair the equipment, and reimbursement shall be made for said equipment by the caregiver or the facility of residence.
7. If the Client is found to be missing, it is the responsibility of the caregiver to follow the Caregiver Instructions, call 911 to notify local authorities, and identify the client as a participant in Project Lifesaver.
8. The caregiver or Project Lifesaver Smith County may withdraw the client from the Project Lifesaver Smith Country program at any time.

**Family / Facility Caregiver:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Alzheimer's Alliance Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*If you have any questions, please contact Jamie Huff, Program Director  
Project Lifesaver Smith County Coordinator at (903) 509-8323*